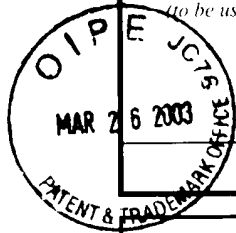


**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)



Application Number	09/616,372
Filing Date	7/13/2000
First Named Inventor	KOMURA
Group Art Unit	2881
Examiner Name	Souw
Attorney Docket Number	01-50

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response (Supplemental)	<input type="checkbox"/> Appendix showing amendments to specification and claims	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Posz & Bethards, PLC
Signature	<i>J. Barlow</i>
Date	26 March 2003

**OIPE CERTIFICATE OF HAND DELIVERY**

I hereby certify that this correspondence is being hand delivered to and deposited with the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the below-indicated date and is addressed to: Assistant Commissioner for Patents, Washington, DC 20231.

Type or printed name	James E. Barlow		
Signature	<i>J. Barlow</i>	Date	26 March 2003



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: KOMURA et al.

Serial No.: 09/616,372

Filed: 7/13/2000

Title: METHOD FOR MEASURING THICKNESS  
OF OXIDE FILM

Atty. Dkt.: 01-50

Art Unit: 2881

Examiner: Souw

Assistant Commissioner for Patents

Date: March 26, 2003

Washington, DC 20231

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Typed Name: JAMES E BARLOW

Signature: J Barlow

**SUPPLEMENTAL AMENDMENT**

Sir:

In response to the Office Action mailed 14 August 2002 and further to the amendment filed on 14 February 2003, please enter the following amendments to the claims, please enter and consider the attached declaration under 37 CFR 1.131 and please consider the appended remarks.